PLACE OF BIRTH		ARIZO	NA STATE	BOARD O	F HEALTH
County of Sa	BUREAU OF VI	TAL STATE	STICS	State Index No.	107
District of	ORIGINAL CER	TIFICATE (	F BIRTH	Co. Registrar No	. 8
Town of Miasin				Local Registrar	's No
or tv of	/AT			_	
ty of	(No			_St	Ward)
ULL NAME OF CHILD  If child is not named, make Suppl	sew lina demental Report on blan		form local registr	<u> </u>	Born YES Alive NO
ex of hild Twin, Triplet or other	/ and Num in ore of bit	ber 7 L	egiti- ate? Date of Birth.		8 12 >
ame Maurice No.	delen and	Full Maiden Name	anna	THER - Facan	
sidence Macini	y Journal of	Residence	Me	<del> </del>	·
Race Age at I Birth		Color or Race	Toh	Age at last Birthday	44 (Years)
thplace Irelan	d	Birthplace		ep	(10010)
supation Min	21	Occupation		*	
mber of Child 7 Number of this mother this n	of children of nother now living	6	Vere precaution Ophthalmia	s taken against neonatorum?	7
CERTIFIC	CATE OF ATTENDIN	G PHYSICI	an or midwj	ĘE*	
reby certify that I attended the bi	irth of the above child	, and that it	occurred on	Tan 8 19	22, al PM.
*When there is no attending physi- ian or midwife, then the householder nould make this return.	(Sign	nature)	hark ttending physicia	E. In	in mal.
Given or Christian name added from lemental report192	1 A Quell	Address	5 Mis	acer	izona
385-108-165	Filed Dich 6	A True Cop	m (3 %	S LOCAL R	EGISTRAR.